

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Coconino</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>0213</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>2091</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Williams</u> No. _____ St. _____ Ward _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Doris Maureen White</u> { If child is not yet named, make supplemental report, as directed			
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>6</u>	6. Legitimate? <u>yes</u>
		5. No., in order of birth. <u>1</u>	7. Date of birth <u>Nov 13-1922</u> (Month, day, year)
8. Full name <u>Chas B White</u>		14. Full maiden name <u>Gerie Kelly</u>	
9. Residence (Usual place of abode) <u>Las Cabezas Ariz</u>		15. Residence (Usual place of abode) <u>Las Cabezas Ariz</u>	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>32</u> (Years)	
12. Birthplace (city or place) <u>Arizona</u> (State or country)		18. Birthplace (city or place) <u>Indiana</u> (State or country)	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
		(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 P.</u> m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. E. Williams</u> (Physician or midwife)	
		Address <u>Williams Ariz</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>Dec 4</u> , 19 <u>22</u> <u>J. E. Williams</u> Local Registrar.	
<u>465-1120-128</u> Registrar.		Filed <u>12/8</u> , 19 <u>22</u> <u>R. B. W. W.</u> County Registrar.	